



## Kansas Infection Prevention Certification Reimbursement Program

We are launching the Infection Prevention Certification Program! After hearing from Kansas Association of Professionals in Infection Control and Epidemiology (APIC) members about financial barriers associated with certification, we have come together to provide reimbursement assistance to applicants interested in becoming certified in infection control. Through this process we hope to remove some of the financial barriers. For eligible applicants taking the Certification Board of Infection Control and Epidemiology exam for the very first time, our hope is that we can help you improve your knowledge and develop new capabilities for leading effective infection control programs within your health care settings.

### Eligibility criteria:

1. Applications will be reviewed on a first applied, first served basis. Presently, reimbursements are limited to the first 15 eligible applicants (limit \$350 per applicant).
2. Applicants must provide proof of successful completion of examination and receipt of examination cost.
3. Applicants must be certifying for the first time, this funding is not applicable for re-certification costs.
4. Individual has not received other funding in support of the reimbursement request in this application for funding (e.g. employer, grant funding).

### To apply:

1. Complete this application form.
2. Attach receipts for certification exam cost.
3. Provide proof of successful completion of certification process.

### *Sponsored by:*



If you have questions, please contact: Joseph Scaletta, [jscaletta@kdheks.gov](mailto:jscaletta@kdheks.gov)

## Kansas Infection Prevention Certification Reimbursement Program

### What is the Kansas Infection Prevention Certification Reimbursement Program?

This program provides a one-time reimbursement, of up to \$350, for infection preventionists to support certification from the Certification Board of Infection Control and Epidemiology so that they can improve their knowledge and develop new capabilities for leading effective infection control programs within their health care settings. Presently, reimbursements are limited to the first 15 eligible applicants. This program is sponsored by funding from the Kansas Department of Health and Environment, Kansas Healthcare Collaborative, and Kansas Hospital Association.

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### Personal Information

Female: <input type="checkbox"/>	First Name:		Last Name:	
Male: <input type="checkbox"/>				
Facility Name:			Title:	
Mailing Address:				
City:		State:		Postal Code: 
Email:		Phone # (Day): Other:		

### Employment Information

Are you currently working as an Infection Preventionist?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment Setting (Please check one)	Role(s) within Organization (Please check all that apply)
<input type="checkbox"/> Acute Care Facility <input type="checkbox"/> Critical Access Hospital <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Infection Prevention <input type="checkbox"/> Risk Management <input type="checkbox"/> Quality <input type="checkbox"/> Staff Development <input type="checkbox"/> Employee Health <input type="checkbox"/> Other (specify): _____

Certification Date: \_\_\_\_\_

I certify that the enclosed information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I am aware I may be asked to participate in a follow-up evaluation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Please return to:**

Kansas Department of Health and Environment  
Healthcare-associated Infections Program  
1000 SW Jackson, Suite 210  
Topeka, KS 66612-1274

Fax: 877-427-7317